

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DONALD J. TRUMP FOR PRESIDENT, INC.**

**A.** Full Name (Last, First, Middle Initial)

**CABRILLOS, FELICIDAD, , ,**

Mailing Address 333 N WILSHIRE AVENUE

City

ANAHEIM

State

CA

Zip Code

92801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

480.00

**Transaction ID : SA17A.2161652**

Date of Receipt

MM / DD / YYYY  
08 / 07 / 2016

Amount of Each Receipt this Period

200.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)

**CACCAMO, MICHAEL, , ,**

Mailing Address 10971 COLD SPRINGS DR

City

CENTERVILLE

State

OH

Zip Code

45458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2016

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

343.00

**Transaction ID : SA17A.2184590**

Date of Receipt

MM / DD / YYYY  
08 / 04 / 2016

Amount of Each Receipt this Period

343.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)

**CACHOLA, SAMUEL, , ,**

Mailing Address 44 MINE ROAD SUITE 2-169

City

STAFFORD

State

VA

Zip Code

22554

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

UNITED STATES OF AMERICA

Occupation

CITIZEN

Receipt For: 2016

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17A.2192668**

Date of Receipt

MM / DD / YYYY  
08 / 31 / 2016

Amount of Each Receipt this Period

250.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

793.00

**Total This Period** (last page this line number only) .....